



IFW

# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	10/676,843
Filing Date	October 1, 2003
First Named Inventor	Chidambaram Raghavan
Art Unit	3746
Examiner Name	Timothy S. Thorpe
Attorney Docket No.	340058.556

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ):
<input type="checkbox"/> Information Disclosure Statement and Transmittal	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<u>Supplemental Application Data</u>
<input type="checkbox"/> Cited References	<input type="checkbox"/> Terminal Disclaimer	<u>Sheet</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Lorraine Linford		
Date	October 10, 2005	Reg. No.	35,939

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Andrea Dolder	Date:	October 10, 2005



## SUPPLEMENTAL APPLICATION DATA SHEET

### Application Information

Application number::	<u>10/676,843</u>
Filing Date::	<u>10/01/03</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title ::	DEVICE AND METHOD FOR MAINTAINING A STATIC SEAL OF A HIGH PRESSURE PUMP
Attorney Docket Number::	340058.556
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	11
Small Entity?::	No
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	
Contract or Grant No::	
Secrecy Order in Parent Appl.?::	No

### First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Chidambaram
Middle Name::	
Family Name::	Raghavan
Name Suffix::	
City of Residence::	<del>Kent</del> <u>Seattle</u>
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	<del>20813 126th Avenue S.E.</del> <u>2108 Alki Avenue</u> <u>S.W., Apt. 107</u>
City of mailing address::	<del>Kent</del> <u>Seattle</u>
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	<del>98034</del> <u>98116</u>

### Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kraig
Middle Name::	T.
Family Name::	Kostohris
Name Suffix::	
City of Residence::	Maple Valley
State or Province of Residence::	WA
Country of Residence::	US

Street of mailing address:: 27408 227th Avenue S.E.  
City of mailing address:: Maple Valley  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98038

### **Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Katherine  
Middle Name:: M.  
Family Name:: Madden  
Name Suffix::  
City of Residence:: Kent  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 23633 112th Avenue S.E. #D101  
City of mailing address:: Kent  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98031

### **Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Shawn  
Middle Name:: M.

Family Name:: Callahan  
Name Suffix::  
City of Residence:: Seattle  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 3508 N.E. 137th Street  
City of mailing address:: Seattle  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98125

#### **Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sigurd  
Middle Name:: C.  
Family Name:: Mordre  
Name Suffix::  
City of Residence:: Vashon Island  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 27327 Hake Road S.W.  
City of mailing address:: Vashon Island  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98070

### **Sixth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mohamed
Middle Name::	A.
Family Name::	Hashish
Name Suffix::	
City of Residence::	Bellevue
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	5117 165 <sup>th</sup> Place S.E.
City of mailing address::	Bellevue
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98006

### **Seventh Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Olivier
Middle Name::	L.
Family Name::	Tremoulet
Name Suffix::	Jr.
City of Residence::	Edmonds
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	18334 Andover Street

City of mailing address:: Edmonds  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98020

### **Correspondence Information**

Correspondence Customer Number :: **00500**

### **Representative Information**

Representative Customer Number::		<b>00500</b>
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### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Flow International Corporation
Street of mailing address::	23500 64th Avenue South
City of mailing address::	Kent
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98032

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